

<i>SERFF Tracking Number:</i>	<i>CCGH-126218115</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Connecticut General Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42844</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2009 CSL Stop Loss Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Connecticut General Life Insurance Company

Product Name: 2009 CSL Stop Loss      SERFF Tr Num: CCGH-126218115 State: ArkansasLH

Application

TOI: H21 Health - Other

SERFF Status: Closed

State Tr Num: 42844

Sub-TOI: H21.000 Health - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Melissa Pine

Disposition Date: 07/17/2009

Date Submitted: 07/07/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments: filed simultaneously in CT.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer

Filing Status Changed: 07/17/2009

Explanation for Other Group Market Type:

State Status Changed: 07/17/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

We are submitting an Application form CSL-APP intended for use with our stop loss product. The form does not replace any previously approved form on file with your Department, but it will be used going forward upon approval by your Department.

SERFF Tracking Number: CCGH-126218115 State: Arkansas  
Filing Company: Connecticut General Life Insurance Company State Tracking Number: 42844  
Company Tracking Number:  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: 2009 CSL Stop Loss Application  
Project Name/Number: /

## Company and Contact

### Filing Contact Information

Melissa Pine, Compliance Sr. Associate Melissa.Pine@CIGNA.com  
900 Cottage Grove Road (860) 226-7574 [Phone]  
Hartford, CT 06152 (860) 226-5400[FAX]

### Filing Company Information

Connecticut General Life Insurance Company CoCode: 62308 State of Domicile: Connecticut  
900 Cottage Grove Road Group Code: 901 Company Type:  
Hartford, CT 06152 Group Name: State ID Number:  
(860) 226-5209 ext. [Phone] FEIN Number: 06-0303370  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Connecticut General Life Insurance Company	\$50.00	07/07/2009	29018350

SERFF Tracking Number: CCGH-126218115 State: Arkansas  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/17/2009	07/17/2009

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	07/09/2009	07/09/2009	Melissa Pine	07/17/2009	07/17/2009

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<i>Product Name:</i>	<i>2009 CSL Stop Loss Application</i>		
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## **Disposition**

Disposition Date: 07/17/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CCGH-126218115 State: Arkansas

Filing Company: Connecticut General Life Insurance Company State Tracking Number: 42844

Company Tracking Number:

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: 2009 CSL Stop Loss Application

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Desc of Variable	Approved-Closed	Yes
Form (revised)	Application	Approved-Closed	Yes
Form	Application	Replaced	Yes

SERFF Tracking Number: CCGH-126218115 State: Arkansas  
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Company Tracking Number:  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: 2009 CSL Stop Loss Application  
Project Name/Number: /

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/09/2009

Submitted Date 07/09/2009

Respond By Date

Dear Melissa Pine,

This will acknowledge receipt of the captioned filing.

Objection 1

- Application (Form)

Comment:

A Stop Loss Application must contain the NOTICE language as outlined under our Bulletin 6-2008.

I am copying below the Bulletin:

Bulletin 6-2008

Applications for stop loss insurance policies

TO: ALL LICENSED INSURANCE COMPANIES, HEALTH MAINTENANCE ORGANIZATIONS, HOSPITAL MEDICAL SERVICE CORPORATIONS, RATE SERVICE OR ADVISORY ORGANIZATIONS, NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS AND OTHER INTERESTED PARTIES

FROM: ARKANSAS INSURANCE DEPARTMENT

SUBJECT: APPLICATIONS FOR STOP LOSS INSURANCE POLICIES

EFFECTIVE DATE: June 1, 2008

DATE: April 3, 2008

The Arkansas Insurance Department ("Department") is issuing this Bulletin on applications for stop loss insurance policies to set forth the Department's position regarding Ark. Code Ann. § 23-62-111. It is the Department's position that a disclosure to policyholders is needed to inform the employer/applicant that the purchase of stop loss coverage does not fully relieve the employer of all potential risks. This Bulletin shall apply to all applications used by all insurance companies selling stop loss policies to self-funded medical plans.

SERFF Tracking Number: CCGH-126218115 State: Arkansas  
Filing Company: Connecticut General Life Insurance Company State Tracking Number: 42844  
Company Tracking Number:  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: 2009 CSL Stop Loss Application  
Project Name/Number: /

Accordingly, the Department will require the following notice to be added to all applications for stop loss insurance. This requirement will apply to stop loss policies written by accident and health carriers as well as casualty carriers that are writing this type of policy.

NOTICE: Employers/plan sponsors of self-funded health plans should not consider the purchase of stop loss coverage and/or excess loss coverage as complete protection from all liability created by the self-funded health plan. Employers/plan sponsors should be aware that the failure to comply with the terms of the stop loss policy and/or the provisions in the self-funded health plan may cause the employer/plan sponsor to incur liabilities under the health plan. For instance, if medical claims are paid on an ineligible individual, the stop loss carrier may deny the reimbursement under the stop loss policy. In addition, the Arkansas Life and Health Insurance Guaranty Association does not cover claims reimbursable under a stop loss policy.

To comply with this requirement:

1. Carriers may add this notice to their stop loss applications and file the applications with the Department for approval. If the amended application is filed electronically with a certification that the only change is the addition of above Notice along with the \$20 filing fee, the Insurance Department will process the filing within two business days; or
2. If after the effective date of this Bulletin any carrier has not filed an amended application for approval, carriers should deliver a copy of the required disclosure notice with their stop loss applications including a signature section whereby the applicant acknowledges the receipt of the disclosure notice.
3. All stop loss applications used in this State after December 31, 2008 must include the required Notice.

Questions concerning this Bulletin should be directed to the Arkansas Insurance Department Legal Division at 501-371-2820 or by e-mail to [legal.division@arkansas.gov](mailto:legal.division@arkansas.gov) .

Please feel free to contact me if you have questions.

Sincerely,  
Rosalind Minor

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 07/17/2009

Submitted Date 07/17/2009

SERFF Tracking Number: CCGH-126218115 State: Arkansas  
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Company Tracking Number:  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: 2009 CSL Stop Loss Application  
Project Name/Number: /

Dear Rosalind Minor,

**Comments:**

Thank you for your response.

**Response 1**

Comments: We have attached a revised application for your review.

**Related Objection 1**

Applies To:

- Application (Form)

Comment:

A Stop Loss Application must contain the NOTICE language as outlined under our Bulletin 6-2008.

I am copying below the Bulletin:

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Applications for stop loss insurance policies

TO: ALL LICENSED INSURANCE COMPANIES, HEALTH MAINTENANCE ORGANIZATIONS, HOSPITAL MEDICAL SERVICE CORPORATIONS, RATE SERVICE OR ADVISORY ORGANIZATIONS, NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS AND OTHER INTERESTED PARTIES

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Questions concerning this Bulletin should be directed to the Arkansas Insurance Department Legal Division at 501-371-2820 or by e-mail to [legal.division@arkansas.gov](mailto:legal.division@arkansas.gov) .

#### Changed Items:

No Supporting Documents changed.

#### Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
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SERFF Tracking Number:	CCGH-126218115	State:	Arkansas
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TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	2009 CSL Stop Loss Application		
Project Name/Number:	/		

Application	CSL-APP	Application/Enrollment Form	Initial	44	CSLapplic ationAR71 409.pdf
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**Previous Version**

Application	CSL-APP	Application/Enrollment Form	Initial	44	CSLapplic ationGEN. pdf
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*SERFF Tracking Number:*      *CCGH-126218115*                      *State:*                      *Arkansas*  
*Filing Company:*              *Connecticut General Life Insurance Company*      *State Tracking Number:*      *42844*  
*Company Tracking Number:*  
*TOI:*                      *H21 Health - Other*                      *Sub-TOI:*                      *H21.000 Health - Other*  
*Product Name:*              *2009 CSL Stop Loss Application*  
*Project Name/Number:*      /

No Rate/Rule Schedule items changed.

I appreciate the opportunity to resubmit the revised item. Thank you for your attention to this filing.

Sincerely,  
Melissa Pine

SERFF Tracking Number: CCGH-126218115 State: Arkansas

Filing Company: Connecticut General Life Insurance Company State Tracking Number: 42844

Company Tracking Number:

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: 2009 CSL Stop Loss Application

Project Name/Number: /

## Form Schedule

**Lead Form Number:** CSL-APP

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	CSL-APP	Application/ Enrollment Form	Initial		44	CSLapplicationAR71409.pdf

**CONNECTICUT GENERAL LIFE INSURANCE COMPANY**  
**(Herein called "CG")**

The Applicant, whose representative has signed below, hereby applies to Connecticut General Life Insurance Company ("CG") for a stop loss insurance policy(ies) providing the insurance coverage as described below in connection with its self-funded health benefit plan.

1. NAME OF APPLICANT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

2. AFFILIATED COMPANIES TO BE COVERED: [None]  
*repeat as needed*  
[NAME: \_\_\_\_\_ ADDRESS (city and state): \_\_\_\_\_]

Affiliated companies must be part of a common control group as described in Internal Revenue Code §414(c) and the regulations there under. Generally, this means that in a parent-subsidiary relationship, the parent must own 80% or more of the subsidiary. In a brother-sister relationship, the same five or fewer people must own at least 80% or more of each company and when considering the smallest percentage interest each person has among the companies, the sum of the smallest interests must exceed 50%. The purpose of this rule is to prevent covering a multiple employer welfare arrangement (MEWA). Any MEWA that wishes to be covered must provide evidence that state law in each jurisdiction in which it has persons to be covered allows the MEWA to operate on a self-insured basis.

3. NUMBER OF EMPLOYEES AT ALL LOCATIONS LISTED ABOVE: \_\_\_\_\_  
INDUSTRY: \_\_\_\_\_

4. NAME OF CLAIM ADMINISTRATOR:  
[Connecticut General Life Insurance Company]  
[insert Claim Administrator name other than CG]  
ADDRESS: \_\_\_\_\_

5. PROPOSED EFFECTIVE DATE: \_\_\_\_\_

6. ☐ INDIVIDUAL STOP LOSS COVERAGE

Benefits covered by Individual Stop Loss Coverage:  
☐ Medical] ☐ Mental Health/Substance Abuse] ☐ Pharmacy]  
☐ Medical/Mental Health/Substance Abuse]  
☐ Other \_\_\_\_\_]

[PRODUCT FEATURES FOR INDIVIDUAL STOP LOSS COVERAGE:

☐ Tiered Pooling:  
High Pooling Point \$[!] Low Pooling Point \$[!]  
CG Liability Split [!]%  
Applies to: ☐ All Claimants ☐ First [!] Claimants

☐ Renewal Planner

☐ Renewal Advantage

☐ Bridge:  
☐ ASO to ASO Bridge  
☐ ASO to Shared Returns Bridge

**CONNECTICUT GENERAL LIFE INSURANCE COMPANY**  
**(Herein called "CG")**

☐ Other: \_\_\_\_\_]

INDIVIDUAL STOP LOSS LIMIT: \$[!]

High Risk Individuals:

- ☐ N/A
- ☐ Yes, individuals(s) will be treated as follows:
  - ☐ A separate Individual Stop Loss Limit Applies: \$[!]
  - ☐ Other: \_\_\_\_\_

MAXIMUM LIFETIME REIMBURSEMENT LIABILITY

FOR INDIVIDUAL STOP LOSS: [will be the individual lifetime maximum as set forth in the Benefit Plan less the Individual Stop Loss Limit][will be \$[!]]

BENEFIT PERCENTAGE PAYABLE: [!]%

BENEFIT ELIGIBILITY BASIS:

Initial Policy Period: [insert date here] to [insert date here]

Unless additional options are selected below, claims must be both incurred and paid during the policy period.

- ☐ Incurred in [12] months and paid in [36] months]
- ☐ Paid in 12 months (available only for previously CG administered customers)]

[Run-in Provision: Claims incurred prior to the policy's effective date and paid during the policy period. ☐ N/A ☐ [!]months

☐ Run-in claims are limited to: \$[!] [per individual]]

[Run-out Provision: Claims incurred during the policy period and paid after termination of the policy. ☐ N/A ☐ [!]months

☐ Incurred in [12] months and paid in [27] months (upon policy termination)]

☐ Incurred in [12] months and paid in [27] months (upon policy termination);  
new full Individual Stop Loss Limit(s) must be satisfied for claims paid during  
each new 12-month accumulation period.]]

☐ OTHER REQUESTED PROVISIONS: \_\_\_\_\_

[ESTIMATED MONTHLY INDIVIDUAL PREMIUM RATES: \$[!]\*

\* Actual Rates will be contained in the Stop Loss Policy, if and when issued.]

7. ☐ AGGREGATE STOP LOSS COVERAGE

Benefits covered by Aggregate Stop Loss Coverage:

- ☐ Medical] ☐ Mental Health/Substance Abuse]
- ☐ Medical/Mental Health/Substance Abuse]
- ☐ Pharmacy] ☐ Dental] ☐ Vision]
- ☐ Other \_\_\_\_\_]

PRODUCT FEATURES FOR AGGREGATE STOP LOSS COVERAGE:

☐ Annual Reconciliation]

☐ Monthly Reconciliation:

- ☐ Application of Lagged Month
- ☐ Recoverable Deficit carried forward
- ☐ Reconciliation for final two policy years combined if policy is terminated on any date other than its renewal date]

**CONNECTICUT GENERAL LIFE INSURANCE COMPANY**  
**(Herein called "CG")**

☐ Other \_\_\_\_\_

[EXPECTED MONTHLY ATTACHMENT FACTOR PER COVERED EMPLOYEE: \$[!]]  
[EXPECTED MONTHLY ATTACHMENT FACTORS ARE TIER-BASED FACTORS  
(provide details in a separate sheet(s) and attach them to the Application)]

[ADDITIONAL MONTHLY ATTACHMENT FACTORS BY PRODUCT:  
repeat as needed[\_\_\_\_\_ \$[!]]]

[MINIMUM ATTACHMENT POINT: (Applies to Annual Reconciliation only): \$[!]  
(Minimum Attachment Point will be restated based on 1<sup>st</sup> month of enrollment if 1<sup>st</sup> month of enrollment is greater than projected enrollment.)]

[MINIMUM ATTACHMENT PERCENTAGE: [!]%]

MAXIMUM REIMBURSEMENT LIABILITY FOR AGGREGATE STOP LOSS: \$[!][for the Policy Year]

BENEFIT PERCENTAGE PAYABLE: [!]%

BENEFIT ELIGIBILITY BASIS:

Initial Policy Period: [insert date here] to [insert date here]

Unless additional options are selected below, claims must be both incurred and paid during the policy period.

☐ Paid in 12 months (available only for previously CG administered customers)]

[Run-in Provision: Claims incurred prior to the policy's effective date and paid during the policy period. ☐ N/A ☐ [!]months  
☐ Run-in claims are limited to: \$[!]]

[Run-out Provision: Claims incurred during the policy period and paid after termination of the policy. ☐ N/A ☐ [!]months  
☐ Incurred in [12] months and paid in [27] months (upon policy termination)]

☐ OTHER REQUESTED PROVISIONS: \_\_\_\_\_

[ESTIMATED MONTHLY AGGREGATE PREMIUM RATES: \$[!]\*

\* Actual Rates will be contained in the Stop Loss Policy, if and when issued.]

8. A DEPOSIT OF \$[!] IS ENCLOSED

9. The Applicant agrees that:

- a. The Applicant has read the entire Application and [represents][certifies] that the underwriting information presented to CG, whether provided by the Applicant or any person acting on behalf of or at the direction of the Applicant, voluntarily or in response to CG's request, is complete and accurate. Such underwriting information, if any, is considered to be part of this Application.
- b. Any policy issued based on this Application, together with any of its Schedule of Insurance, amendments or riders, shall control the stop loss insurance coverage and terms and conditions of such insurance. In the event of a conflict between the Application and terms of the Policy, the Policy shall prevail.
- c. No person, other than a duly authorized officer of CG or its delegate has authority to accept and approve this Application, or otherwise alter any policy provisions or waive any of CG's rights or requirements.

**CONNECTICUT GENERAL LIFE INSURANCE COMPANY**  
**(Herein called "CG")**

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

NOTICE: Employers/plan sponsors of self-funded health plans should not consider the purchase of stop loss coverage and /or excess loss coverage as complete protection from all liability created by the self-funded health plan. Employer/plan sponsors should be aware that the failure to comply with the terms of the stop loss policy and/or the provisions in the self-funded plan may cause the employer/plan sponsor to incur liabilities under the health plan. For instance, if medical claims are paid on an ineligible individual, the stop loss carrier may deny the reimbursement under the stop loss policy. In addition, the Arkansas Life and Health Insurance Guaranty Association does not cover claims reimbursable under a stop loss policy.

DATED AT: [city and state here] THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

APPLICANT: [Applicant name here]

BY: [Applicant's designated individual's signature here]

TITLE: [designated individual's title here]

***THIS APPLICATION IS REQUIRED IN ADDITION TO THE GROUP APPLICATION.  
ONCE COMPLETED AND SIGNED, MAIL TO THE STOP LOSS CONTRACTING UNIT.***

**Connecticut General Life Insurance Company ("CG")**

Mailing Address: [900 Cottage Grove Road, Hartford, CT 06152 , Attn: Stop Loss Unit-B1STL] [8505 East Orchard Road, Greenwood Village, COT 80111, Attn: Stop Loss Unit]

<i>SERFF Tracking Number:</i>	<i>CCGH-126218115</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>2009 CSL Stop Loss Application</i>		
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## **Rate Information**

Rate data does NOT apply to filing.

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TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: 2009 CSL Stop Loss Application  
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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Flesch Certification	<b>Review Status:</b>	Approved-Closed	07/17/2009
<b>Comments:</b>				
<b>Attachment:</b>				
AR CSL Cert of Compliance Rule 19.pdf				
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	Approved-Closed	07/17/2009
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Health - Actuarial Justification	<b>Review Status:</b>	Approved-Closed	07/17/2009
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				
<b>Bypassed -Name:</b>	Outline of Coverage	<b>Review Status:</b>	Approved-Closed	07/17/2009
<b>Bypass Reason:</b>	N/A			
<b>Comments:</b>				
<b>Satisfied -Name:</b>	Desc of Variable	<b>Review Status:</b>	Approved-Closed	07/17/2009
<b>Comments:</b>				
<b>Attachment:</b>				
CSLVarMemoGEN.pdf				

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: Connecticut General Life Insurance Company  
Form Number(s): CSL-APP      Application Page

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Edmund J. Skowronek, Jr.

Name

Director

Title

July 7, 2009

Date

**Connecticut General Life Insurance Company  
Hartford, CT 06152**

**Stop Loss Policy - Statement of Variability**

**Forms CSL-CP, CSL-TOC, CSL-DEF, CSL-BP, CSL-BP, CSL-DP, CSL-EX, CSL-OSP, CSL-PREM,  
CSL-TERM, CSL-GP, CSL-SCH**

**General**

1. To the extent that variable changes are made to the policy they will not be ambiguous or deceptive.
2. Title or names such as those of section headings may change but their relation to the matter to which they pertain will not be ambiguous or deceptive.
3. Connective words and phrases that only serve the grammatical purpose of meaningful continuity and do not affect the description of payment or benefits or other terms and conditions of the policy affecting the policyholder's coverage may vary as the sense demands.
4. Wording may vary in order to facilitate administration of the policy and/or to clarify the meaning of terms and benefits conveyed in the coverage. Examples of such changes include but are not limited to:
  - The table of contents may be revised.
  - Definitions, formulas and benefit provisions may be re-written at the request of our customers or their agents in order to clarify the policyholder's understanding of benefits and/or administration.
5. Wording may vary to meet the specifications of the product as specifically requested by our customers and their agents. Examples of such changes include but are not limited to:
  - Deletion and/or amendment of specific provisions that the customer and/or their agent finds objectionable.
  - Additional forms of risk sharing such as multiple Benefit Payable Percentages and tiered Individual Stop Loss Limits.
  - Policy years that exceed or are shorter than 12 months.
  - Recapture of reimbursements in subsequent policy years.
  - References to Individual Stop Loss may be omitted from an Aggregate Stop Loss only policy.
  - References to Aggregate Stop Loss may be omitted from an Individual Stop Loss only policy.
  - References to periods and amounts prior to policy effective date may be omitted from a policy that does not include run-in protection.
  - References to periods after policy termination may be omitted from a policy that does not include run-out protection.
  - Defined terms, phrases and provisions that are used with annual reconciliation/accommodation may be omitted from a policy that includes monthly, quarterly or semiannual reconciliation/accommodation.
  - Defined terms, phrases and provisions that are used with monthly, quarterly or semiannual reconciliation/accommodation may be omitted from a policy that includes annual reconciliation/accommodation.
6. Items marked with [ ! ] are variable and will be filled in Customer specific information.
7. We may provide Individual and/or Aggregate Stop Loss coverage pursuant to an Administrative Services Only (ASO) Medical program administered by another group benefit provider ("slice" or "Stand-alone" coverage).

**Definitions**

Defined terms may be included or omitted to meet the specifications of the product as specifically requested by our customers and their agents.

**Connecticut General Life Insurance Company  
Hartford, CT 06152**

**Stop Loss Policy - Statement of Variability**

**Forms CSL-CP, CSL-TOC, CSL-DEF, CSL-BP, CSL-BP, CSL-DP, CSL-EX, CSL-OSP, CSL-PREM,  
CSL-TERM, CSL-GP, CSL-SCH**

**Duties of the Policyholder**

Item B, standard number of days is 60, but this may vary based on Policyholder request.

Item C.5., standard dollar amounts are shown, but these may vary to meet the specifications of the product.

**Exclusions**

Exclusion items may be included or omitted to meet the specifications of the product as specifically requested by our customers and their agents.

**Subrogation and Acts of Third Parties**

This section will only apply in the jurisdictions where Subrogation is allowed by law.

**General Provisions**

Under the dispute resolution section we may:

- At the customer's request, omit any combination of sections 1, 2 or 3.
- At the customer's request, alter the timeframe available for dispute resolution and/or the timeframe for moving between phases of dispute resolution.
- At the customer's request, judicial resolution of disputes with or without prior mediation and/or arbitration.

**Schedule of Insurance**

1. Wording may vary as described under the general section of this document.
2. Individual and Aggregate Stop Loss Limits will comply with applicable state minimum requirements.
3. Reference to Tiered Pooling will be omitted if not purchased by the client.
4. Reference to High Risk Individuals will be omitted if none are identified.
5. Reference to Additional Exclusions from Individual Stop Loss Coverage will be omitted if none apply.
6. Reference to Additional Exclusions from Aggregate Stop Loss Coverage will be omitted if none apply.
7. References to Premium Rates will be omitted if provided in a separate written document.

<i>SERFF Tracking Number:</i>	<i>CCGH-126218115</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Connecticut General Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>42844</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>2009 CSL Stop Loss Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	Application	07/07/2009	CSLapplicationG EN.pdf

**CONNECTICUT GENERAL LIFE INSURANCE COMPANY**  
**(Herein called "CG")**

The Applicant, whose representative has signed below, hereby applies to Connecticut General Life Insurance Company ("CG") for a stop loss insurance policy(ies) providing the insurance coverage as described below in connection with its self-funded health benefit plan.

1. NAME OF APPLICANT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

2. AFFILIATED COMPANIES TO BE COVERED: [None]  
*repeat as needed*  
[NAME: \_\_\_\_\_ ADDRESS (city and state): \_\_\_\_\_]

Affiliated companies must be part of a common control group as described in Internal Revenue Code §414(c) and the regulations there under. Generally, this means that in a parent-subsidiary relationship, the parent must own 80% or more of the subsidiary. In a brother-sister relationship, the same five or fewer people must own at least 80% or more of each company and when considering the smallest percentage interest each person has among the companies, the sum of the smallest interests must exceed 50%. The purpose of this rule is to prevent covering a multiple employer welfare arrangement (MEWA). Any MEWA that wishes to be covered must provide evidence that state law in each jurisdiction in which it has persons to be covered allows the MEWA to operate on a self-insured basis.

3. NUMBER OF EMPLOYEES AT ALL LOCATIONS LISTED ABOVE: \_\_\_\_\_  
INDUSTRY: \_\_\_\_\_

4. NAME OF CLAIM ADMINISTRATOR:  
[Connecticut General Life Insurance Company]  
[insert Claim Administrator name other than CG]  
ADDRESS: \_\_\_\_\_

5. PROPOSED EFFECTIVE DATE: \_\_\_\_\_

6. ☐ INDIVIDUAL STOP LOSS COVERAGE

Benefits covered by Individual Stop Loss Coverage:  
☐ Medical] ☐ Mental Health/Substance Abuse] ☐ Pharmacy]  
☐ Medical/Mental Health/Substance Abuse]  
☐ Other \_\_\_\_\_]

[PRODUCT FEATURES FOR INDIVIDUAL STOP LOSS COVERAGE:

☐ Tiered Pooling:  
High Pooling Point \$[!] Low Pooling Point \$[!]  
CG Liability Split [!]%  
Applies to: ☐ All Claimants ☐ First [!] Claimants

☐ Renewal Planner

☐ Renewal Advantage

☐ Bridge:  
☐ ASO to ASO Bridge  
☐ ASO to Shared Returns Bridge

**CONNECTICUT GENERAL LIFE INSURANCE COMPANY**  
**(Herein called "CG")**

☐ Other: \_\_\_\_\_]

INDIVIDUAL STOP LOSS LIMIT: \$[!]

High Risk Individuals:

- ☐ N/A
- ☐ Yes, individuals(s) will be treated as follows:
  - ☐ A separate Individual Stop Loss Limit Applies: \$[!]
  - ☐ Other: \_\_\_\_\_

MAXIMUM LIFETIME REIMBURSEMENT LIABILITY

FOR INDIVIDUAL STOP LOSS: [will be the individual lifetime maximum as set forth in the Benefit Plan less the Individual Stop Loss Limit][will be \$[!]]

BENEFIT PERCENTAGE PAYABLE: [!]%

BENEFIT ELIGIBILITY BASIS:

Initial Policy Period: [insert date here] to [insert date here]

Unless additional options are selected below, claims must be both incurred and paid during the policy period.

- ☐ Incurred in [12] months and paid in [36] months]
- ☐ Paid in 12 months (available only for previously CG administered customers)]

[Run-in Provision: Claims incurred prior to the policy's effective date and paid during the policy period. ☐ N/A ☐ [!]months

☐ Run-in claims are limited to: \$[!] [per individual]]

[Run-out Provision: Claims incurred during the policy period and paid after termination of the policy. ☐ N/A ☐ [!]months

☐ Incurred in [12] months and paid in [27] months (upon policy termination)]

☐ Incurred in [12] months and paid in [27] months (upon policy termination);  
new full Individual Stop Loss Limit(s) must be satisfied for claims paid during  
each new 12-month accumulation period.]]

☐ OTHER REQUESTED PROVISIONS: \_\_\_\_\_

[ESTIMATED MONTHLY INDIVIDUAL PREMIUM RATES: \$[!]\*

\* Actual Rates will be contained in the Stop Loss Policy, if and when issued.]

7. ☐ AGGREGATE STOP LOSS COVERAGE

Benefits covered by Aggregate Stop Loss Coverage:

- ☐ Medical] ☐ Mental Health/Substance Abuse]
- ☐ Medical/Mental Health/Substance Abuse]
- ☐ Pharmacy] ☐ Dental] ☐ Vision]
- ☐ Other \_\_\_\_\_]

PRODUCT FEATURES FOR AGGREGATE STOP LOSS COVERAGE:

☐ Annual Reconciliation]

☐ Monthly Reconciliation:

- ☐ Application of Lagged Month
- ☐ Recoverable Deficit carried forward
- ☐ Reconciliation for final two policy years combined if policy is terminated on any date other than its renewal date]

**CONNECTICUT GENERAL LIFE INSURANCE COMPANY**  
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☐ Other \_\_\_\_\_

[EXPECTED MONTHLY ATTACHMENT FACTOR PER COVERED EMPLOYEE: \$[!]]  
[EXPECTED MONTHLY ATTACHMENT FACTORS ARE TIER-BASED FACTORS  
(provide details in a separate sheet(s) and attach them to the Application)]

[ADDITIONAL MONTHLY ATTACHMENT FACTORS BY PRODUCT:  
repeat as needed[\_\_\_\_\_ \$[!]]]

[MINIMUM ATTACHMENT POINT: (Applies to Annual Reconciliation only): \$[!]  
(Minimum Attachment Point will be restated based on 1<sup>st</sup> month of enrollment if 1<sup>st</sup> month of  
enrollment is greater than projected enrollment.)]

[MINIMUM ATTACHMENT PERCENTAGE: [!]%]

MAXIMUM REIMBURSEMENT LIABILITY FOR AGGREGATE STOP LOSS: \$[!][for the Policy  
Year]

BENEFIT PERCENTAGE PAYABLE: [!]%

BENEFIT ELIGIBILITY BASIS:

Initial Policy Period: [insert date here] to [insert date here]

Unless additional options are selected below, claims must be both incurred and paid during the  
policy period.

☐ Paid in 12 months (available only for previously CG administered customers)]

[Run-in Provision: Claims incurred prior to the policy's effective date and paid  
during the policy period. ☐ N/A ☐ [!]months  
☐ Run-in claims are limited to: \$[!]]

[Run-out Provision: Claims incurred during the policy period and paid after termination of the  
policy. ☐ N/A ☐ [!]months  
☐ Incurred in [12] months and paid in [27] months (upon policy termination)]

☐ OTHER REQUESTED PROVISIONS: \_\_\_\_\_

[ESTIMATED MONTHLY AGGREGATE PREMIUM RATES: \$[!]\*

\* Actual Rates will be contained in the Stop Loss Policy, if and when issued.]

8. A DEPOSIT OF \$[!] IS ENCLOSED

9. The Applicant agrees that:

- a. The Applicant has read the entire Application and [represents][certifies] that the  
underwriting information presented to CG, whether provided by the Applicant or any  
person acting on behalf of or at the direction of the Applicant, voluntarily or in  
response to CG's request, is complete and accurate. Such underwriting information, if  
any, is considered to be part of this Application.
- b. Any policy issued based on this Application, together with any of its Schedule of  
Insurance, amendments or riders, shall control the stop loss insurance coverage and  
terms and conditions of such insurance. In the event of a conflict between the  
Application and terms of the Policy, the Policy shall prevail.
- c. No person, other than a duly authorized officer of CG or its delegate has authority to  
accept and approve this Application, or otherwise alter any policy provisions or waive  
any of CG's rights or requirements.

**CONNECTICUT GENERAL LIFE INSURANCE COMPANY**  
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FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

DATED AT: [city and state here] THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

APPLICANT: [Applicant name here]

BY: [Applicant's designated individual's signature here]

TITLE: [designated individual's title here]

***THIS APPLICATION IS REQUIRED IN ADDITION TO THE GROUP APPLICATION.  
ONCE COMPLETED AND SIGNED, MAIL TO THE STOP LOSS CONTRACTING UNIT.***

**Connecticut General Life Insurance Company ("CG")**

Mailing Address: [900 Cottage Grove Road, Hartford, CT 06152 , Attn: Stop Loss Unit-B1STL] [8505 East Orchard Road, Greenwood Village, COT 80111, Attn: Stop Loss Unit]